

VILLAGE OF KEY BISCAYNE COMMUNITY CENTER MEMBERSHIP APPLICATION



1. RESPONSIBLE PARTY (Must be 18 years of age or older)

Full Name			Date of Birth					
Address			Other					
			<i>Other</i> _					
2. RESPONSII	BLE PARTY (Must be	e 18 years of age or old	ler)					
Full Name _	_ Date of Birth							
Address								
	Cellular	Other						
B. CHILDREN'	S INFORMATION							
Full Name			DOB	/	/	Gender	М	F
Medic	cal History							
Medical HistoryFull Name			DOB	/_	/	Gender	М	F
Medio	cal History							
Medical HistoryFull Name			_ DOB	/	/	Gender	М	F
Medic	cal History							
Medical History Full Name Medical History			_ DOB	/	/	Gender	М	F
меак	cal History							
I. INDIVIDU	ALS AUTHORIZED TO	O PICK UP CHILD AND	EMERGEN	CY CON	TACT			
Name								
Name								
Emergency Contact			Phone Number					
5. WAIVER								
	articipant, or as the parent or o	guardian of a minor child participatin	g in activities o	r using any i	facilities of th	e Parks and Rec	reatio	n
Department, I he	reby waive any claim against t	he Village of Key Biscayne and its ag	ents, servants	and employe	ees hereafter	arising from inju	ıries s	ustaine
	=	yself or said child. I do covenant to es or demand hereafter arising out o	•				_	
·		es or demand hereafter arising out only ble or in part by the negligence of sa				-		
of the Village. I g	ive permission for any photogr	aph, videotape, or any other form of	audio visual re	ecord of mys	elf or my chil	d's participation	with t	he
- ,	•	on (Key Biscayne Community Center form of audio visual record in promo	•	-				_
		accident or injury that might be sust				•	eiease	uie
,		- , -	_		·	•		
SIGNATURE			DATE					
. MEMBERSH	IIP PRICES*	Category	Month	nly	A	nnual		
Prices include S	Sales Tax	Adult	\$55	-		300		
•	er memberships are and non-refundable	Youth (ages 10-18) Senior (65+)	\$22 \$30		,	130 200		
except for refunds		Student (ages 19-25)	\$30 \$35			220		
closure on 3/13/2		Couple	\$85			385		
		Senior Couple (both 65+) Family (4 individuals)	\$50 \$110			300 525		
7. PΔYMFNT 1	INFORMATION							
☐ Cash			Card Type	: 🗆 Visa	a □ Mast	erCard 🗖 A	\me	X
	Name							
Billing Addre	Name ess							